

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000086762**

1. Entity Name

L.B.L. CONSTRUCTION CORP.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90059 016 ***150.00

722085

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**15395 SW 73TH TERR. CIR.
MIAMI FL 33193****15395 SW 73TH TERR. CIR.
MIAMI FL 33193**

2. Principal Place of Business

7299 S.W. 137 CT.

Suite, Apt. #, etc.

3. Mailing Address

7299 S.W. 137 CT.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.4. FEI Number **65-0955027**

Applied For

Not Applicable

Zip

33183

Country

USA

Zip

33183

Country

USA5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYES, LAZARO**15395 SW 73TH TERR. CIR.
MIAMI FL 33193**

Name

REYES, LAZARO

Street Address (P.O. Box Number is Not Acceptable)

7299 S.W. 137 CT.

City

MIAMI**FL**Zip Code
33183

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

LAZARO REYES**02-20-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **REYES, LAZARO**
STREET ADDRESS **15395 SW 73TH TERR. CIR.**
CITY-ST-ZIP **MIAMI FL 33193**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **MALAGON, MARIA B**
STREET ADDRESS **15395 SW 73TH TERR. CIR.**
CITY-ST-ZIP **MIAMI FL 33193**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LAZARO REYES**02-20-01****(305)-382-5699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)